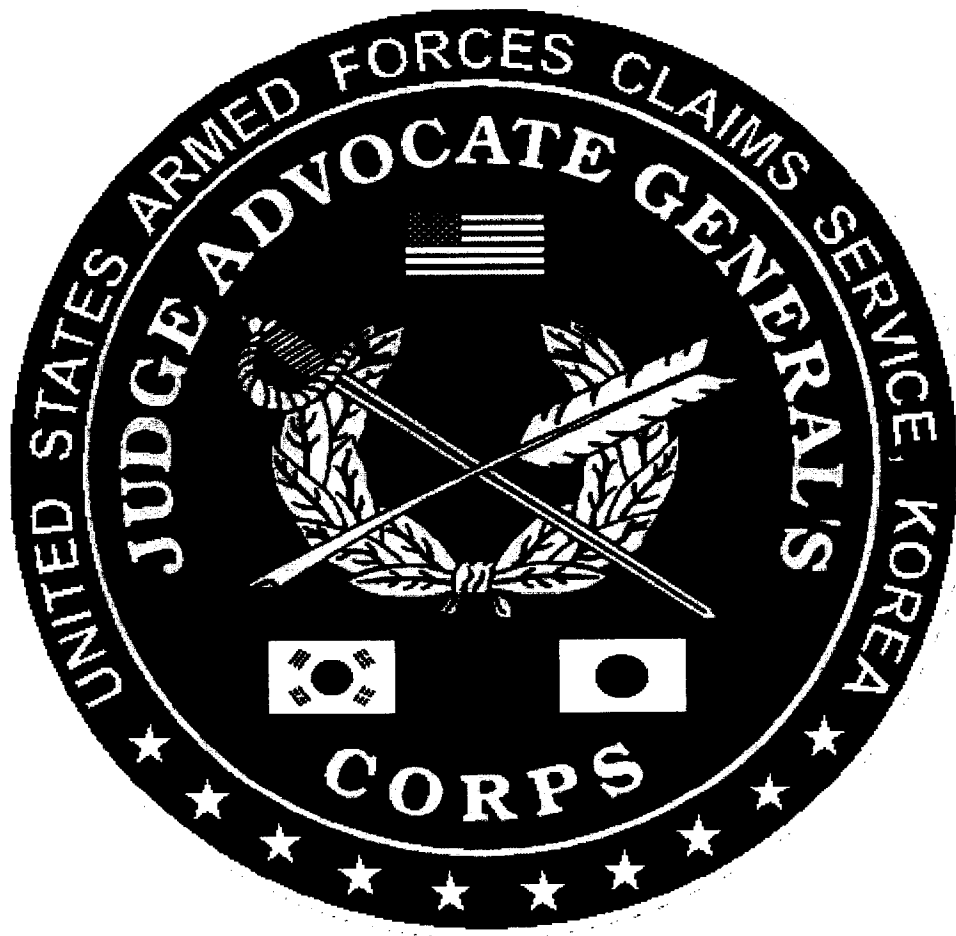


UNITED STATES ARMED FORCES



CLAIMS SERVICE-KOREA



DEPARTMENT OF THE ARMY
UNITED STATES ARMED FORCES CLAIMS SERVICE, KOREA
UNIT #15311
APO AP 96205-5311

REPLY TO
ATTENTION OF:

FKJA-CSK (27-20a)

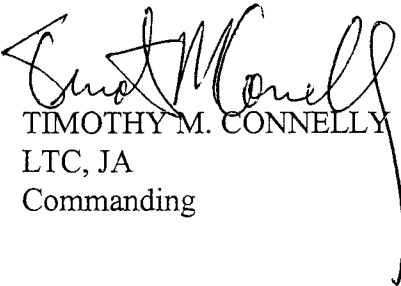
1 September 2004

MEMORANDUM FOR CLAIMANTS AGAINST THE UNITED STATES GOVERNMENT

SUBJECT: Procedures for Filing Personal Property Claims

1. Welcome to the U.S. Armed Forces Claims Service – Korea. Enclosed are instructions and forms explaining how to file a claim against the United States for loss or damage your personal property.
2. It is unfortunate that you have experienced loss of or damage to your personal property incident to your Government service. Our goal is to investigate and settle your claim as fairly and quickly as possible. To ensure that we can pay you the full amount of money to which you are entitled under the law, it is important that you read and carefully follow the enclosed instructions, that you carefully complete all applicable claims forms, and that you submit all the required documentation to substantiate your claim.
3. A claims survey form is attached to this letter. We are genuinely interested in your comments regarding our service and welcome any suggestions for improvements. Please return this form at the time you file your claim or fold it in half and mail it postage-free through the MPS. If you have additional comments at a later time, extra survey forms are available at the Claims Office.
4. The Claims Office will be open Monday through Wednesday and Friday from 0800 – 1600 hours. Our office is open on Thursday mornings **for turn-in of DD Forms 1840 and 1840R only** and closed Thursday afternoons for training. We are closed every day from 1200 – 1300. Please contact our office to make an appointment to come in to file your claim. If you need assistance at any stage in the claims process, please do not hesitate to contact us at 738-8111/8219/8242/8294.

Encls
as


TIMOTHY M. CONNELLY
LTC, JA
Commanding

**PERSONAL PROPERTY CLAIM
UNACCOMPANIED/HOUSEHOLD GOODS SHIPMENT**

THERE ARE TWO DIFFERENT TIME LIMITATIONS WHICH AFFECT YOUR CLAIM

1. WITHIN 70 DAYS OF DELIVERY YOU MUST NOTIFY OUR OFFICE IN WRITING OF ALL DAMAGED AND MISSING ITEMS. This must be done to comply with contractual requirements to inform the carrier of damaged and missing items in your shipment. You must use the pink DD Form 1840/1840R to do this. The Claims Office will sign the form and return it to you as your receipt. At that time the Claims Office will brief you on how to fill out the claims forms and assist you in scheduling an inspection of your damaged items, if one is necessary.

2. WITHIN 2 YEARS OF THE DELIVERY YOU MUST FILE YOUR CLAIM AGAINST THE GOVERNMENT. You should do this by completing the attached DD Forms 1842 and 1844. This two-year requirement is established by law. It cannot be waived!

INSURANCE NOTE

If you have a private insurance policy that may cover all or part of your loss, you **DO NOT HAVE TO FILE** with your private insurance company before you can be paid by the Army, **IF** your claim is for a loss or damage to your personal property while it was being transported or stored at government expense.

CLAIM CHECKLIST

1. Please bring the original and legible copies of the indicated forms to aid us in processing your claim quickly and thoroughly. Your claim must include the following and be completed in black ink:

___ a. **DD Form 1842** (enclosed)

___ b. **DD Form 1844** (enclosed)

___ c. **DD Form 1840/1840R** - The pink form where you listed all damages that occurred during shipment.

___ d. **Inventory of Shipment** - Make sure that it is legible. A copy can be obtained from the transportation office by calling DSN 723-8917/8923.

___e. **U.S. Government Bill of Lading (GBL)** – Ask the intake clerk to show you a copy. DPM shipments normally do not require a GBL. Call the transportation office, DSN 723-8917/8923, to request a copy of your GBL if you do not have one.

___f. **Missing Items** (example of statement enclosed) - If there was anything missing from your shipment, you must provide a statement. Instructions on completing a statement are enclosed. Also, you must go to the transportation office to initiate a tracer action on your missing items and to request a copy of the tracer.

___g. **Electronic Items** (example of statement enclosed) - If any electronic items were damaged, you must provide a statement that they were working prior to shipment. Instructions on completing a statement is enclosed.

___h. **Electronic Items Repair Form** (enclosed) – If electronic items were damaged, you must obtain an electronic repair estimate from a reputable repair firm.

___i. **Written Repair Estimates** – **ALL** property that is damaged, having a value of \$100.00 or more, must have an itemized estimate of repair. The estimate of repair must specifically state what is wrong with each item. A partial list of repair firms is enclosed.

___j. **Replacement Costs** – Before a replacement cost can be given, an estimate of repair is needed to show that the item is not repairable or that repair is not feasible. You may find replacement costs in the PX, catalogs, or the Internet. If replacement costs are obtained from a catalog, please provide us with a copy of the catalog page or the catalog page itself.

___k. **Purchase Receipts/Photos** – In order to adjudicate your claim, we need copies of purchase receipts, appraisals or some other form of substantiation to prove ownership and cost of high-value items.

___l. **Orders and/or Amendments** – Authorizing shipment of your property.

___m. **Electronic Fund Transfer Worksheet** – Your payment, if any, will be made by direct deposit into your bank account. Fill out this form completely. Ensure that the correct routing and account number is on the form. If it is not, your payment will be delayed. **This form is not required for Active Army service members.**

___n. **Power of Attorney (POA)** – You must have a POA if you are filing for your sponsor, spouse, or someone else.

2. Once you have collected and completed all necessary forms on the checklist, contact the Claims Office in person or by phone at DSN 738-8111/8219 to make an appointment to turn in your claim.

ADDITIONAL CLAIM INFORMATION

1. A separate claim must be filed for each shipment. (Household Goods/Unaccompanied Baggage/POV).
2. We cannot pay for incidental expenses such as phone bills, gas, and items rented while waiting for your shipment to arrive, your claim to be paid, or time spent on filing your claim.
3. Do not dispose of any claimed property until advised to do so by the Claims Office. If this is done, it may result in a deduction from your claim payment.
4. If an item is not economically repairable, but still useful for its intended purpose and you wish to keep it, you may claim a reasonable amount for its Loss of Value and retain that item.
5. If you desire copies of any forms or documents pertaining to your claim, you should make these copies prior to coming to the Claims Office. You must turn in all original documents to the Claims Office. If you need assistance, feel free to come by our office during normal office hours or call to speak to one of our representatives.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) DAMAGE, JANE D.		2. BRANCH OF SERVICE U.S. Army	3. RANK OR GRADE SSG	4. SOCIAL SECURITY NUMBER 123-45-6789
5. HOME ADDRESS (Street, City, State and Zip Code) PSC 303, BOX 00 APO AP 96240-0000		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) HHC, EUSA UNIT #15000, APO AP 96205		
7. HOME TELEPHONE NO. (Include area code) 790-1234		8. DUTY TELEPHONE NO. (Include area code) 738-1234		9. AMOUNT CLAIMED \$920.00
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) <p>Pusuant to orders transfering me from Fort Carson, CO, to Yongsan, Korea, Football Moving & Storage Company picked up my hold baggage/household goods at 123 Union St. Colorado Springs, CO, on 5 May 03. Youngjin T & T delivered property to Bldg 2600, Rm 200, Yongsan, South Korea, on 5 July 03. The goods were shipped under TCMD (DD Form 1348)/GBL (SF 1203B) JP-345,678. The Transportation Office representative inspected the property on 5 July 03.</p>				
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)				YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)				 <input type="checkbox"/> <input checked="" type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)				 <input type="checkbox"/> <input checked="" type="checkbox"/>
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)				 <input type="checkbox"/> <input checked="" type="checkbox"/>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)				 <input type="checkbox"/> <input checked="" type="checkbox"/>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>				
17. SIGNATURE OF CLAIMANT (or designated agent) ***You or your agent, authorized with a power of attorney, must sign.***				18. DATE SIGNED (YYYYMMDD) Date of signature
PART II - CLAIMS APPROVAL (To be completed by Claims Office)				
19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)				
a. CLAIMS EXAMINER		b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY		d. DATE SIGNED (YYYYMMDD)
				g. DATE SIGNED (YYYYMMDD)

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent)	18. DATE SIGNED (YYYYMMDD)
---	----------------------------

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

23. DENIAL (X if applicable)

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

24. SUPPLEMENTAL PAYMENT (X and complete if applicable)

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER

b. DATE SIGNED
(YYYYMMDD)

c. REVIEWING AUTHORITY

d. DATE SIGNED
(YYYYMMDD)

26. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.)

a. TYPED NAME

b. GRADE

b. SIGNATURE

c. DATE SIGNED
(YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial) DAMAGE, JANE D.			3. PICK-UP DATE (YYYYMMDD) 20040112			LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)								
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD) 20040310			14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR		
a. NAME			b. POLICY NO.			9. ORIGINAL COST		10. MM/YYYY PURCHASED		11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	19" Sony Color TV w/remote SN #12345 Model ABC 123 Case cracked along left side Remote crushed (repairable)	32	240.00		90.00								
2	1	Panasonic Family Size Microwave SN #123 Model CDE 123 Door bent, front panel broken off (unrepairable)	11	200.00	05/02									
3	4	Dishes, Tiffany "Rose Supreme" Services for 8 4 plates broken (unrepairable)	41	520.00	12/00	180.00								
4	1	Couch and loveseat - grease stains on both needs to be professionally cleaned. (repairable)	71	1700.00	01/03	250.00								
5	1	Liandro figurine of a swan - broken wing (unrepairable)	46	120.00	07/03									
6	1	Four slot Black and Decker toaster Missing	91	15.00	10/01	120.00								
		Repair Estimate for the TV/Remote control		15.00	01/02	12.00								
						15.00								
12. REMARKS			13. TOTAL	\$		792.00	30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY	\$		

REPAIR FORM FOR ELECTRONIC ITEMS

Attached is an electronic repair form. You will need one of these forms filled out for each electronic item you wish to claim. The form must be completed by a qualified employee of a reputable repair firm. If the estimate you obtain is unreasonable, you will be asked to obtain another one.

Please read the rest of this memo carefully. If you do not follow the instructions below, you will not be reimbursed for damage to your electronic item. **Computers require a special form.**

EXTERNAL DAMAGE

If there is external damage to your electronic item, make sure the repair person notes the external damage and gives a detailed description of the location, nature, and extent of the damage on the electronic repair form. This is your responsibility. If you present an estimate without the proper explanation of external damage, you will be asked to return to the shop and have the estimate properly completed or you will not receive any money for that particular electronic item.

INTERNAL DAMAGE ONLY

Often an electronic item will be delivered with internal damage but no external damage. Without proof of the mechanical condition prior to the move, there is no evidence the item was functional and the carrier can deny liability for the damage. **You must provide a statement providing evidence the item worked prior to the move.** This should include the last time the item was used (e.g., “my family watched a video the night before we moved...the VCR worked fine”). Also, include any statements that might explain the internal damage to the item (e.g., “saw the mover drop the box with my stereo in it”). Statements by other people who used the item shortly before the move or saw the item being used may also be helpful.

There is no prescribed format for this statement. In fact, you may write your statement in the space provided below. It must be a detailed and truthful statement in your own words or by another person with knowledge of the events or circumstances described. Please sign and date the statement. **If you fail to provide a statement as explained above, the portion of your claim relating to that item will be disallowed.**

PERSONAL STATEMENT FOR ELECTRONIC ITEMS

EXAMPLE OF A PROPER STATEMENT:

The movers came on Monday, 5 May 2003. When the movers arrived, I was watching the Oprah Winfrey show on my 27" Panasonic color television. I remember watching the show because it was a special on weddings and I was getting married four days later. The movers allowed me to finish watching the show before they packed it. They packed it in brown paper without padding. When it arrived, my Panasonic TV no longer turned on.

Jane Damage
January 1, 2003

Statements alone, from a repair person, that electronic equipment was damaged during a move are insufficient to establish liability of the carrier. A prima facie case of liability may be established with regard to electronic equipment when, absent external damage, the claimant provides evidence that the items in question were in good working order at the time of tender and evidence the damage was consistent with having been dropped or damaged in transit.

The following statement is NOT GOOD ENOUGH to collect carrier recovery:

My Toshiba VCR Model #M449, Serial No. 65735121, was working the day prior to shipment. When I received it after shipping, it would not play.

ELECTRONIC ITEMS

*Statement from Claimant that electronic items worked prior to shipment.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Signature of Claimant

Date _____

SECTION I		REPAIR FORM 수 리 서	
1. OWNER'S NAME: 소유자 성명:		2. ITEM EXAMINED: 검사한 물품:	3. SERIAL NUMBER: 고유 번호:
4. TYPE OF ITEM: 물품의 종류:	5. MAKE: 제조 회사:	6. MODEL: 모델:	7. YEAR: 연도:
8. THERE WAS/WAS NOT EXTERNAL DAMAGE TO THE ITEM: 물품에 외형적인 파손이 있었다/없었다.			
a. The damage was: 파손은 _____ 생겼다.: <input type="checkbox"/> New 새로 <input type="checkbox"/> Old 오래전에 <input type="checkbox"/> Can't tell 구분 할 수 없음			
b. Description and location of <u>new</u> external damage: 새로 생긴 외부 파손의 위치 및 설명:			
c. The new external damage was caused by shipment: 새로 생긴 외부 파손은 선적 중에 야기되었다. <input type="checkbox"/> Definitely 확실히 <input type="checkbox"/> Probably 상당히 <input type="checkbox"/> Possibly 아마도 <input type="checkbox"/> No 아니다 <input type="checkbox"/> Can't tell 구분할 수 없다			
d. To the best of your knowledge and belief, the damage was caused by (if not caused by shipment): 선적 중에 발생하지 않았다면 최 대한 귀하가 아는 대로 그 파손의 발생 요인을 기술하시오:			
9. THERE WAS/WAS NOT INTERNAL DAMAGE TO THIS ITEM: 물품에 내형적인 파손이 있었다/없었다.			
a. The damage was: 파손은 _____ 생겼다.: <input type="checkbox"/> New 새로 <input type="checkbox"/> Old 오래전에 <input type="checkbox"/> Can't tell 구분 할 수 없음			
b. Description and location of <u>new</u> internal damage: 새로 생긴 내부 파손의 위치 및 설명:			
c. The new internal damage was caused by shipment: 새로 생긴 내부 파손은 선적 중에 야기되었다. <input type="checkbox"/> Definitely 확실히 <input type="checkbox"/> Probably 상당히 <input type="checkbox"/> Possibly 아마도 <input type="checkbox"/> No 아니다 <input type="checkbox"/> Can't tell 구분할 수 없다			
d. The reason why I think the internal damage was due to shipment are: 내부 파손이 선적 중에 발생했다고 생각하는 이유:			
e. To the best of your knowledge and belief, the damage was caused by (if not caused by shipment): 선적 중에 발생하지 않았다면 최 대한 귀하가 아는 대로 그 파손의 발생 요인을 기술하시오:			
SECTION II. COST OF REPAIRING THE DAMAGE WHICH IS DUE TO SHIPMENT. 선적중 발생한 수리 비용 명세			
1. NAME OF PARTS: 부품명	1a. Cost: 가격 \$	2. OTHER SERVICES: 기타 용역	2a. Cost: 가격 \$
3. LABOR: 노동	3a. Cost: 가격 \$	3. ESTIMATE FEE: 견적 비용	4a. Cost: 가격 \$
OR: the item cannot be repaired. 아니면 본 물품은 수리가 불가능함		GRAND TOTAL 총 수리 비용	
5 Cost: 가격 \$			
6. WILL YOU DEDUCT THE ESTIMATE FEE FROM THE TOTAL BILL? 귀하는 총 청구액에서 견적비용을 공제할 것입니까? <input type="checkbox"/> Yes 예 <input type="checkbox"/> No 아니오		7. FOR ITEMS THAT CANNOT BE REPAIRED, HAS THE ESTIMATE FEE ALREADY BEEN PAID? 수리할 수 없는 물품의 견적 비용은 지불되었습니까? <input type="checkbox"/> Yes 예 <input type="checkbox"/> No 아니오	
3. PRINT NAME & RANK: 성명과 계급:	4. SIGNATURE: 서명:		5. DATE: 일자:
SECTION III		REPAIR FIRM 수 리 회 사	
NAME OF FIRM: 회사명:	ADDRESS: 주소:		TELEPHONE NUMBER: 전화번호:

MISSING ITEMS STATEMENT

If any items were missing from your shipment, please provide a statement explaining what evidence you have that the items were actually shipped.

Example of a Proper Statement:

I was present the whole time the movers packed up my belongings for my move from Fort Carson, Colorado, to Yongsan, Korea. I saw the packers take the Lladros out of my schunk and wrap them very carefully and pack them in box #46. They labeled the box "Figurines". The Llado was missing at delivery.

Everything was put into the moving van. There was nothing left behind.

Jane Damage
January 1, 2004

MISSING ITEMS STATEMENT

*Explain what evidence you have that missing items were actually shipped.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Claimant

Date _____

PARTIAL LISTING OF REPAIR SHOPS

The Claims Service has prepared this as a service to USFK Personnel. It is intended as a partial listing only. Listing of a firm does not constitute an endorsement of its products or services by the U.S. Government or the Claims Service. Exclusion of a firm from this list does not imply that such a firm is unreliable or should not be used. All phone numbers listed are off-post Korean civilian numbers unless otherwise noted. If you find any errors in the listings below or if you are aware of any additional firms performing any of the services listed, please let our office know.

AUTOMOTIVE REPAIR

AUTO Craft Shop
TEL: DSN 738-5315/ 5042

Dunlop Body/Repair
TEL: 794-4345

Youngjin Auto Glass
(Windshield/Glass only)
TEL: 793-1990/795-6144

BICYCLE REPAIR

Do All Interior Co.
TEL: 797-3213/798-1237

CARPET/SOFA/ CURTAINS/UPHOLSTERY

Do All Interior Co.
TEL: 797-3213/798-1237

COMPUTERS/TYPEWRITERS/ OFFICE MACHINE

Chin Han C & C (Yongsan Gallery)
TEL: DSN 723-4030

Jonny Computer
TEL: 790-8839

Do All Interior Co.
TEL: 797-3213/798-1237

FUR/LEATHER/SUEDE

Mimi Dry-cleaning
TEL: 793-1879/790-9843

FURNITURE REPAIR

KOREANA FOLKCRAFT CO.
(Mr. Symon Jeonn)
TEL: 790-6641
CELL: 011-722-6642

Do All Interior Co.
TEL: 797-3213/798-1237

GRANDFATHER CLOCKS

Do All Interior Co.
TEL: 797-3213/798-1237

MUSICAL INSTRUMENTS

Do All Interior Co.
TEL: 797-3213/798-1237

REFRIGERATOR/AIR CONDITIONER

AAFES Concession Repair
TEL: DSN 723-4117

Do All Interior Co.
TEL: 797-3213/798-1237

TV/RADIO/STEREO/CAMCORDER REPAIR

AAFES Electronic Repair Shop
TEL: DSN 738-5274

Do All Interior Co.
TEL: 797-3213/798-1237

CLAIMS SURVEY

Please answer the questions below and furnish comments to assist us in providing better service to our customers. After completing the survey, place it in either the survey box located in the Claims Office or fold it in half and mail it postage free through the Military Postal System.

1. What was the name of the person who assisted you during your visit to our office?

2. Is there anything you would like this person to have done differently?

3. How would you rate the service you were provided during your visit (Check One)

____Excellent ____Good ____Fair ____Poor

4. Did the instructions in the claims packet adequately explain how to prepare your claim forms?

____Yes ____No If not, what was it that was unclear to you? How could it be improved?

5. Were you given a satisfactory explanation concerning the methods the Claims Office used to compute your claim settlement?

____Yes ____No If not, what other information should we have provided?

OPTIONAL: _____

Your Name

Work Number

Date